U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E CONTRA				
1. File Number U - 181 38	2. Fiscal Year Covered From:			
	10 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Judy C Johnson	Name Lyte / Restaurent Employers Unitedia 95			
	Labor Organization File Number 506-434			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2557 Elians Rd. S.E. & foll	Street 1003 H St. N.W. 744 Floor			
City Washington	City WASHINGTON			
State D. C. ZIP Code + 4 20130	State 5. C ZIP Code + 4 2000/			
5. Position in labor organization. Business Bourt				
(except as specified in the ex  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):  or derived income or other economic benefit of ation represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:	T T T T T T T T T T T T T T T T T T T			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	, And the second			
City				
State ZIP Code + 4				
s	ignature			
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)			
Signed Andy C. Oplus	On 8/13/05 202-737-3325			

Name of Person Filing Judy C. Johnson	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).  Name	9. Business deals with:			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any Street City	c. Employer			
State ZIP Code +4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,			
Name Region's Missingles	Hechts Gift	CAIC		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 1003 KSL.N.W. 3nd Floor				
City         W195/ving Fox           State         D.C.         ZIP Code + 4         2000/				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	40.00		

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For Official Use Only		
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
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1. File Number U - Name (1997)	2. Fiscal Year Covered From:	
	// / / / / Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Judy C Johnson	Name Hofe / Kestwart Employees Valk Here 25	
1	Labor Organization File Number 506-434	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2557 Elvans Rd. S.E.# 404	Street 1003 K St. N.W. 75th Floor	
City Washington	City Washington	
State	State D. C. ZIP Code + 4 [J.000]	
5. Position in labor organization.  Business Agent		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
	sions set forth in the instructions):  derived income or other economic benefit of	
(except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or	sions set forth in the instructions):  derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions); derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions); derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	sions set forth in the instructions); derived income or other economic benefit of on represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing Judy C. Johnson		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organizati  b. Trust  c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street  City  State  ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held	Same and the contract of the c		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under	r parts A and B above)	The state of the s		
or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Copy Denial Service	Inger	Gift Centificate		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 1/1 Rockville Pike Suit 950				
City Rockville				
State /// ZIP Code + 4 20850				
13.b. Is the Business an Employer \( \sum \) or Consultant \( \)?	14.b. Amount of payment.	50.00		

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For Official Use Only				
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
E RESOURCE WATER OF THE WATER O	ET BEI OILE I ILE ANING THIO ILE OIL.			
1. File Number U -	2. Fiscal Year Covered From:			
	1 / 1 / Josef Through: 13/ 31 / 3004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Judy C Johnson	Name Hall Responsest Employees Unite Hen 25			
	Labor Organization File Number 506-434			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2557 Hypis Rd. S. E. # 404	Street 1003 K 54. N. W. 7 4 Floor			
City WAShing for	city Washing for			
State D.C. ZIP Code + 4 2019-0	State D.C. ZIP Code + 4 20001			
5. Position in labor organization.  Business Agent				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	7.5. Amount			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Ondy C. Clahren	On 8/18/05 202-737-8-32-5			
	Vate Telephone Number			

Name of Person Filling Judy C. Johnson		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar valu	a of such dealing		
City	12.a. Nature of interest held			
State ZIP Code + 4				
	12.b. Amount.	ASSESSMENT OF THE PROPERTY OF		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name   SIRSUS   Trade Name, if any:		H BASKET		
P.O. Box, Bldg., Room No., if any  Street DI Plansylvania Row. M.W.  City MAShing for  State D.C. ZIP Code +4 2.0105				
13.b. Is the Business an Employer \( \sqrt{1} \) or Consultant \( \sqrt{2} \)?	14.b. Amount of payment.	#30-00		